



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

DRUNSIC

Serial No.: 09/776,524

Filed: February 2, 2001

Art Unit: 3628

Examiner: Richard C. Fults

Atty. Docket No.: 01-017-US

ADJUDICATION METHOD AND SYSTEM

RECEIVED

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GROUP 3600

Pittsburgh, Pennsylvania 15230

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the  
above-identified application.

1.  Applicant requests an extension of time to respond to  
the outstanding Office Action. A Petition for an  
extension of time is enclosed.

OR

- In the event that an extension of time is required,  
this conditional petition is being made to provide for  
the possibility that applicant has inadvertently  
overlooked the need for a petition and fee for  
extension of time.

2.  Small Entity status of this application has been  
established by a verified statement previously  
submitted.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being

**MAILED**

deposited with the United States Postal Service on  
January 22, 2004 with sufficient postage as first-class mail in an  
envelope addressed to the: Commissioner for Patents, P.O. Box  
1450, Alexandria, VA 22313-1450.

**FACSIMILE**

transmitted by facsimile on [date] to the U.S. Patent and  
Trademark Office.

Type Signature Name

Debbie LeDonne

  
(Signature of person mailing paper or fee)

(Signature of person mailing paper or fee)

3.  A verified statement to establish Small Entity status is enclosed.
4.  Also enclosed:
5.  No fee for extra claims is required.
6.  The fee for extra claims has been calculated as shown below:

<u>Claims Remaining After Amendment</u> <u>(Col. 1)</u>	<u>Highest No. Prev. paid for</u> <u>(Col. 2)</u>	<u>Extra Present (Col. 3)</u>	<u>SMALL ENTITY</u>		<u>OTHER THAN A SMALL ENTITY</u>		
			<u>RATE</u>	<u>Fee</u>	<u>RATE</u>	<u>Fee</u>	
Total Claims	33 - 23**	= 10*	X \$ 9	= \$	OR	X \$ 18	= \$180.00
Ind. Claims	6 - 4***	= 2*	X \$ 43	= \$	OR	X \$ 86	= \$172.00
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$145	= \$	OR	+ \$290	= \$
			<u>TOTAL</u>	= \$	<u>OR</u>	<u>TOTAL</u>	= \$352.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- \*\*\* If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

7.  Applicant encloses herewith a check for \$ [Amount] to cover the extra claims fee.
8.  The Director is authorized to charge the \$352.00 filing fee to Deposit Account No. 18-0582.
9.  The Director is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 18-0582. A duplicate copy of this communication is attached.

Respectfully submitted,

Frederick H. Colen, Esq.  
Reg. No. 28,061

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Attorney for Applicant

Dated: January 22, 2004